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PTO/SB/22 (06-04)

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) ISIS0188-100 (RTS-0147)	
Application Number 09/828,344		Filed April 6, 2001	
For ANTISENSE MODULATION OF PHOSPHOLIPID SCRAMBLASE 1 EXPRESSION			
Art Unit 1635		Examiner James Schultz	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110	\$55	\$110
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430	\$210	\$_____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$950	\$475	\$_____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1480	\$740	\$_____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2010	\$1005	\$_____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1275. I have enclosed a duplicate copy of this sheet.


**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98).

☐ attorney or agent of record. Registration Number \_\_\_\_\_

☒ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a). 38,534.

  
\_\_\_\_\_  
Signature

Paul K. Legaard  
\_\_\_\_\_  
Typed or printed name

October 19, 2004  
\_\_\_\_\_  
Date

215-665-6914  
\_\_\_\_\_  
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.